

**Administrative Worksheet**

Local Agency Name \_\_\_\_\_

Claim for Month of \_\_\_\_\_ Yr \_\_\_\_\_

**STEP I Administrative Budget and Actual Cost**

	<b>BUDGET</b>	<b>ACTUAL COST</b>		
	<b>APPROVED YEARLY TOTAL</b>	<b>BALANCE FORWARD</b>	<b>CURRENT MONTH</b>	<b>TOTAL YEAR-TO-DATE</b>
Administrative Labor				
Mileage, Meal and Lodging Allowance				
Office Supplies				
Printing				
Outreach				
Office Equipment				
Computer Equipment				
Postage				
Car Rental for Facility Monitoring				
CACFP's Share Of: Telephone				
CACFP's Share Of: Office Rental and Maintenance				
CACFP's share Of: Utilities				
Consultant Services				
Provider Training				
Staff Training and Development				
Insurance				
CACFP's Share of Miscellaneous				
Total Administrative Cost Before Program Income				
Less Program Income				
Net Administrative Cost				
	10	8a	8b	8c

Carry totals to Claim Form Part C

**STEP II Current per Home Reimbursement**

	<b>NUMBER</b>	<b>X RATE =</b>	<b>TOTAL</b>
Initial 50 day care homes		X \$91	
51-200 day care homes		X \$69	
201-1000 day care homes		X \$54	
Each Additional day care home		X \$48	
<b>Total Number of Homes</b>		<b>Amount of Reimbursement</b>	

Carry to Claim Form Part A and Part C

7b

**STEP III** Attach a list of your Day Care Homes operating this month  
 Attach a list of Day Care Homes which have discontinued participation

Complete one worksheet and attach it to your Family Day Care Homes Claim for Reimbursement Form.

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**STEP I****Actual Cost and Administrative Budget**

- 1st Column** – Enter the Approved Administrative Budget from your agreement.
- 2nd Column** – Enter the Year-to-Date amount from last month's Administrative Worksheet. Administrative Expense runs from October thru September. The month of October would have a 0 Balance Forward.
- 3rd Column** – Enter the current month's actual administrative costs. All receipts, invoices and evidence of purchase must be retained for future audit for 3 years.
- 4th Column** – Enter the total of Balance Forward and Current Month to obtain Year-to-Date.
- Program income-includes any (1) income from adults for the food service only, (2) the value of any contributions, and (3) any other income for food service only.

Add column down, subtract any program income and then carry totals to Claim Form Part C.

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**STEP II****Current per Home Reimbursement**

Enter the number of Day Care Homes that operated during the month in the first column.

Multiply the number of Day Care Homes by the rate of reimbursement printed on the form.

For example, if you had 235 homes operating during the month; your reimbursement would be:

$$50 \times \$91 = 4,550.00$$

$$150 \times \$69 = 10,350.00$$

$$35 \times \$54 = \underline{1,890.00}$$

Amount of reimbursement      \$ 16,790.00

Carry total dollar amount to claim form Part C (7b).

This total of homes claimed should equal the number of homes reported in Part A by home types of Tier 1, Tier 2 no eligible, Tier 2 all eligible, and Tier 2 mixed homes.

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**STEP III**

Attach a list of your Day Care Homes operating this month. Include number of meals served and dollar amount of claim per provider. Attach a list of Day Care Homes which have discontinued participation.

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**DISTRIBUTION:**

**Original or fax** to Office of Finance and Management  
**Copy** is to be retained for agency's file